

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street/Division Lot #: Buckwood Road

PROPERTY OWNERS NAME

Last: Giguierre First: Michelle

Applicant Name: Same

Mailing Address of Owner/Applicant (If Different): 28 Elm Ave Augusta Me 04330

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Michelle A. Giguierre
Signature of Owner/Applicant

Date: _____

M9L11

AUGUSTA 2894 TOWN COPY

Date Per. Issued: 1-13-94

Local Plumbing Inspector Signature: Gay R. Taylor

FEE: \$ 60.00 If Double Fee Charged

L.P.I. #: 85.0

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p style="text-align: center;">SPECIFY</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY <u>To Be Drilled</u></p>
<p>SIZE OF PROPERTY: <u>6 Acres</u></p> <p>ZONING: <u>Rural</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedroom Moderate Flow</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>3</u></td> <td>CONDITION: <u>C</u></td> </tr> <tr> <td>DEPTH TO LIMITING FACTOR: <u>15"</u></td> <td></td> </tr> </table>	PROFILE: <u>3</u>	CONDITION: <u>C</u>	DEPTH TO LIMITING FACTOR: <u>15"</u>		<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>1200</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><u>20'x60' Bed</u></p> <p>DESIGN FLOW: <u>360</u> (GALLONS/DAY)</p>
PROFILE: <u>3</u>	CONDITION: <u>C</u>						
DEPTH TO LIMITING FACTOR: <u>15"</u>							

SITE EVALUATOR STATEMENT

On 1-20-1993 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Gay R. Taylor 241 1-21-1992
Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

ATTACHMENT TO FORM HHE-200
ADDITIONAL INFORMATION ABOUT YOUR SEPTIC SYSTEM

1. YOU SHOULD HAVE YOUR SEPTIC TANK PUMPED OUT AND CHECKED EVERY TWO YEARS OR MORE OFTEN TO PROLONG THE LIFE OF YOUR SYSTEM.
2. IF YOU PLAN TO INSTALL A GARBAGE DISPOSAL IN YOUR HOME, YOU SHOULD HAVE THE NEXT AVAILABLE SIZE SEPTIC TANK INSTALLED. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose Filter, Model #A-100 or equivalent on the outlet end of the septic tank.
3. Water softeners should drain to a separate gray water disposal system.
4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.
5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.
6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on Page 1 of your HHE-200 form and the total daily design flow shown on Page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.
7. All construction shall conform with section 11-D "State of Maine-Subsurface Wastewater Disposal Rules-Chapter 241" and all other pertinent sections.
8. All fill shall be sandy loam coarser with sufficient fines for adequate compaction, unless otherwise stated.
9. Wells shall be located a minimum 100' from subsurface disposal system.
10. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
11. Applicability of design must be reevaluated when location of structures are substantially different than those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools) are considered.
12. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
13. Provide low profile septic tank when determined as necessary in the field.
14. Lots not meeting the requirements if the "Minimum lot size Rule" but recorded prior to its effective date require a "Minimum Lot Size Waiver" as issued by the Department of Human Services - Division of Health Engineering.
15. Force mains, pump stations, and/or gravity piping subject to freezing shall be adequately installed.
16. The L.P.I. shall inform the owner and designer of any local ordinance exceeding the rules (Chapter 241), prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

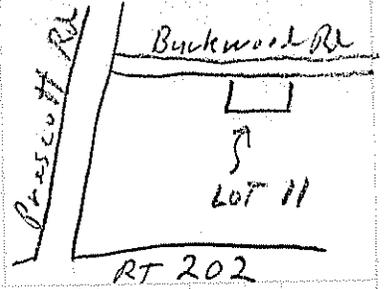
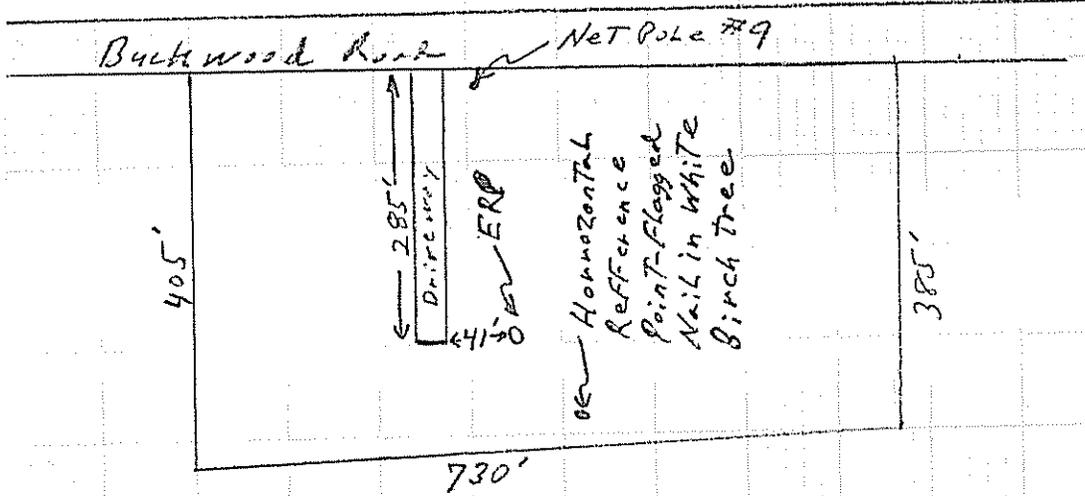
Buckwood Rd Lot 11

Michele Giguette

SITE PLAN

Scale 1" = 200' Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TS #1 Test Pit Boring

Observation Hole TS #2 Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fine sandy loam	Frangible	Brown	
6			Yellow Brn	
15			Olive	Common
30		Firm		
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fine sandy loam	Frangible	Brown	
6			Yellow Brn	
10			Yellow Brn	
15			Olive	Common
30		Firm		
50				

Soil Profile <u>3</u>	Classification <u>C</u> Condition	Slope <u>9%</u>	Limiting Factor <u>15"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile <u>3</u>	Classification <u>C</u> Condition	Slope <u>9%</u>	Limiting Factor <u>20"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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B. P. [Signature]
Site Evaluator Signature

241
SE#

1-21-93
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Agassia

Buckwood Rd Lot 11

Michele Giguere

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

Proposed House V.P. Hill

Sch 40
9" pipe

8' Min

1000 Gallon
SPTIC Tank

Sch 40
4" pipe

ERP Tag # 172
In 12" Oak Tree

Flagged With Nail
White Birch
Horizontal
Reference Point

NOT (ERP)

11-30'

TS # 2

TS # 1

60 1/2'

67 1/2'

Approximate Fill Extensions

FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

21"
42"

CONSTRUCTION ELEVATIONS

Reference Elevation is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

0
-57"
-44"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in Tag # 172 in
12" Oak Tree

DISPOSAL AREA CROSS SECTION

See Page 4

Scale:

Vertical: 1 inch = Ft.
Horizontal: 1 inch = Ft.

[Signature]
Site Engineer Signature

241
SF#

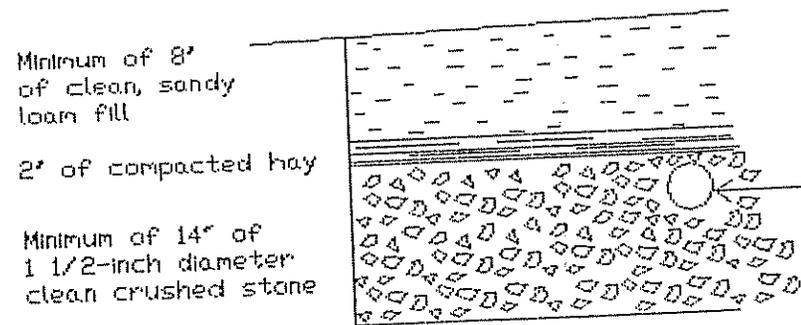
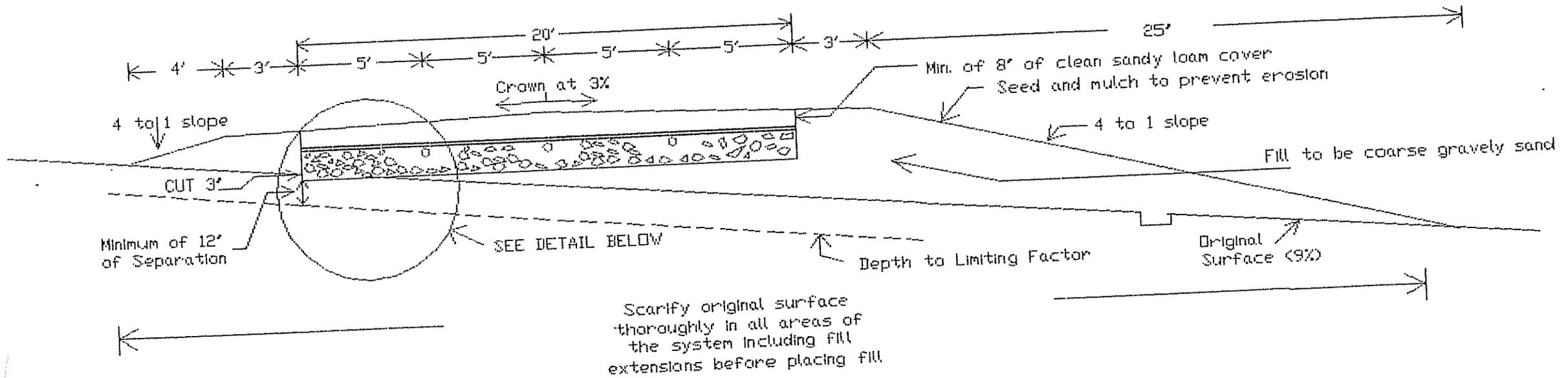
1-21-1993
Date

ATTACHMENT TO FORM HHE-200

Page 4 of 4

ELEVATIONS

Reference Elevation is -0''
 Bottom of Disposal Area is -57''
 Top of Distribution Lines is -44''



DETAIL OF BED

NOTE: Keep 1' of stone over pipe and a minimum of 9' of stone under the pipe

Depth of Fill (Upslope) = 21''

Depth of Fill (Downslope) = 42''

SCALE:

Vertical: 1 inch = 5 feet
 Horizontal: 1 inch = 5 feet

Eugene Dube
 EUGENE DUBE

SE 241

DATE: 1-21-93